



Shigellosis



What is shigellosis?

Did you know toddlers in daycare are at higher risk to develop shigellosis and then infect their families? Shigellosis is an infectious disease caused by *Shigella* bacteria. Most people infected with *Shigella* develop diarrhea (often bloody), fever, and stomach cramps starting a day or two after they are exposed to the bacteria. Shigellosis usually resolves in 5 to 7 days. A severe infection with high fever may be associated with seizures in children less than 2 years old. Some infected people may have no symptoms at all, but may still pass the bacteria to others. Currently there is no vaccine to prevent shigellosis.

How common is *Shigella*?

Every year, approximately 14,000 cases of shigellosis are reported in the United States. Because many milder cases are not diagnosed or reported, the actual number of infections is estimated at more than 280,000 cases annually. In 2011, San Bernardino County had 20 cases of shigellosis, an incidence rate of **0.9 cases per 100,000 people**. Shigellosis is more common in the summer than winter. Children, especially toddlers ages 2 to 4, are the most likely to get shigellosis. Many cases are related to the spread of illness in child-care settings.

How do people get infected with this germ?

People can get shigellosis from person-to-person contact. *Shigella* are present in the diarrheal stools of infected persons while they are sick and for 1-2 weeks afterwards. Most *Shigella* infections are the result of the bacterium passing from stools or soiled fingers of one person to

another person's mouth. This happens when basic hygiene and handwashing habits are inadequate. It is particularly likely to occur among toddlers who are not fully toilet-trained. Family members and playmates of such children are at high risk of becoming infected.

Shigella infections can be acquired by drinking, swimming in, or playing with contaminated water. Water may become contaminated with *Shigella* if sewage runs into it, or if someone with shigellosis swims or plays in the water (especially in splash pads, untreated wading pools, or shallow play fountains used by daycare centers). People can also get sick with *Shigella* by eating contaminated food (which usually looks and smells normal). Food can become contaminated by infected food handlers who do not wash their hands with soap after using the bathroom. Vegetables can become contaminated if they are harvested from a field with raw sewage. Flies land on infected feces and then land on food, thereby contaminating it.

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What can be done to prevent this disease?

Follow these easy tips to prevent shigellosis:

- Wash your hands with soap carefully and frequently, especially after going to the bathroom, after changing diapers, and before preparing foods or beverages.
- Dispose of soiled diapers properly in a closed-lid garbage can, and disinfect diaper changing areas after each use.
- Keep children with diarrhea out of child care settings.
- Supervise handwashing of toddlers and small children after they use the toilet.
- Do not prepare food for others while ill with diarrhea.
- Avoid swallowing water from ponds, lakes, or untreated pools. Daycare centers should not provide water play areas.
- If you are traveling to a developing country, simple precautions can help prevent shigellosis. Drink only treated or boiled water, and eat only cooked hot foods or fruits you peel yourself.



How is the infection diagnosed?

Many different kinds of germs can cause diarrhea. Determining that *Shigella* is the cause of the illness depends on laboratory tests that identify *Shigella* in the stools of an infected person. The laboratory can also do special tests to determine which antibiotics, if any, would be best to treat the infection.

How can shigellosis be treated?

People with shigellosis in the United States rarely require hospitalization. Persons with mild infections usually recover quickly without

antibiotic treatment. However, appropriate antibiotic treatment may shorten the duration of illness and decrease the spread of infection. Antibiotic treatment is recommended for patients with severe disease, bloody diarrhea, or compromised immune systems. Your healthcare provider will determine the best course of treatment. Antidiarrheal agents such as loperamide (Imodium®) or diphenoxylate with atropine (Lomotil®) can make the illness worse and should be avoided.

Are there long-term consequences?

Persons with diarrhea usually recover completely, although it may be several months before their bowel habits are entirely normal. About 2% of persons who are infected with *Shigella* type *flexneri* later develop pains in their joints, irritation of the eyes, and painful urination. This is called post-infectious arthritis. It can last for months or years, and can lead to chronic arthritis.

Once someone has had shigellosis, they are not likely to get infected with that specific type again for at least several years. However, they can still get infected with other types of *Shigella*.

For more information, please contact:

County of San Bernardino
Department of Public Health
Communicable Disease Section
www.sbcounty.gov/pubhlth
(800) 722-4794

To report a possible foodborne illness, contact:

County of San Bernardino
Department of Public Health
Division of Environmental Health Services
www.sbcounty.gov/dph/dehs
(800) 442-2283